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PTO/SB/21 (08-00)

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

16

Application Number

09/446,543

Filing Date

December 20, 1999

First Named Inventor

S. Hinuma

Group Art Unit

1653

Examiner Name

R. Mitra

Attorney Docket Number

2472 USOP

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard.
<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		Remarks The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account 500799.

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Elaine M. Ramesh, Ph.D., JD, Reg. No. 43,032
Signature	<i>Elaine M. Ramesh</i>
Date	1/22/03

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class  
mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: \_\_\_\_\_

Typed or printed name	
Signature	
Date	

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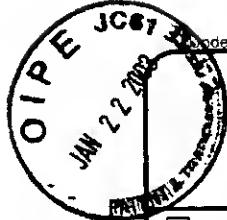
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PTO/SB/17 (11-01)

Approved for use under ADOPTED PURSUANT TO 37 CFR 1.11  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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# FEES TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** **(\$)** 756.00
**Complte if Known**

Application Number	09/446,543
Filing Date	December 20, 1999
First Named Inventor	S. Hinuma
Examiner Name	R. Mitra
Group Art Unit	1653
Attorney Docket No.	2472 USOP

**METHOD OF PAYMENT (check all that apply)**
 Check  Credit card  Money Order  Other  None
 Deposit Account:

Deposit Account Number

500799

Deposit Account Name

Takeda Chemical Industries Ltd.

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments

Charge any additional fee(s) during the pendency of this application

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
101 740	201 370	Utility filing fee	
106 330	206 165	Design filing fee	
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 160	214 80	Provisional filing fee	
<b>SUBTOTAL (1) (\$)</b>			

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Extra Claims	Fee from below	Fee Paid
Total Claims	-20** =	X 16.00 =
Independent Claims	- 3*** =	9 X 84.00 = 756.00
Multiple Dependent		260.00 =

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid
109 84	209 42	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2) (\$)</b>		756.00

\*\* or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for ex parte reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 400	216 200	Extension for reply within second month	
117 920	217 460	Extension for reply within third month	
118 1,440	218 720	Extension for reply within fourth month	
128 1,960	228 980	Extension for reply within fifth month	
119 320	219 160	Notice of Appeal	
120 320	220 160	Filing a brief in support of an appeal	
121 280	221 140	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,280	241 640	Petition to revive - unintentional	
142 1,280	242 640	Utility issue fee (or reissue)	
143 460	243 230	Design issue fee	
144 620	244 310	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Processing fee under 37 CFR 1.17(q)	
126 160	126 180	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 740	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 740	249 370	For each additional invention to be examined (37 CFR § 1.129(b))	
179 740	279 370	Request for Continued Examination (RCE)	
169 900	169 900	Request for expedited examination of a design application	
Other fee (specify)			
*Reduced by Basic Filing Fee Paid		<b>SUBTOTAL (3) (\$)</b>	

SUBMITTED BY		Complete if applicable		
Name (Print/Type)	Elaine M. Ramesh, Ph.D., JD	Registration No. (Attorney/Agent)	43,032	Telephone (847) 383-3391
Signature	Elaine M. Ramesh	Date	1/22/03	

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 09/446,543  
Filed: December 20, 1999  
1<sup>st</sup> Inventor: S. Hinuma  
For: Prolactin Secretion Modulator  
Atty. Dkt. No. 2472 USOP

Art Unit: 1653  
Examiner: R. Mitra  
Allowed:  
Batch:  
Paper No.: 17

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Commissioner for Patents  
Washington, D.C. 20231

Dear Sir:

In response to the Office Action mailed October 22, 2002 (Paper No. 16), Applicants respectfully request reconsideration of the claims in view of the amendment and remarks set forth below. An authorization to pay the \$756.00 37 C.F.R. Sec. 1.16(b) fee for nine extra independent claims accompanies this amendment.

**AMENDMENT**

**In the Claims**

Please cancel claims 1-4, 6, 10, 11, 13, 14 and 17-19 without prejudice to the filing of future continuing applications.

Please ADD the following NEW Claims 20-35.